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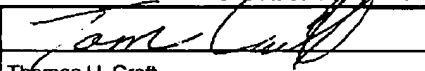
Application Number	10/717/754
Filing Date	11/20/2003
First Named Inventor	Craft
Art Unit	3725
Examiner Name	Rosenaum
Attorney Docket Number	

**I hereby revoke all previous powers of attorney given in the above-identified application.**☐ A Power of Attorney is submitted herewith.**OR**☐ I hereby appoint the practitioners associated with the Customer Number:☐ Please change the correspondence address for the above-identified application to:☐ The address associated with  
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☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature					
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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